

Dignified Social Care with Transgender older people: a literature review

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EXECUTIVE SUMMARY

Extent of knowledge / research on Transgender older people, dignity and social care

- There is a dearth of research in the social care of older transgender people at local, national and international levels; however a range of knowledge types contribute to the evidence base and practice guidance. This is made up of knowledge derived from researchers, government and policy community, trans and older people organisations, practitioners, and service users and carers.
- Much of what exists relates to younger people (youth-centric), particularly during adolescence, and in relation to family relationships or within the education system.
- Where research on social care does exist, it is often aligned with health care wherein it tends to be primarily concerned with health and mental health, e.g. gender reassignment surgery or HIV issues, access to health care.
- Some researchers appear to have limited understanding of the differences between sexual orientation and gender diversity.
- Social care research on trans older people, although sometimes using mixed methods, tends to be mainly qualitative and / or based on small non-representative samples.
- Some studies reporting the needs of lesbian, gay, bisexual AND transgender people (LGBT) have no transgender people or a very small representation within the sample. In many studies where they are included the data are not analysed separately so it appears that 'one model suits all'.

- Defining the transgender population is problematic due to definitional and measurement issues. Furthermore gender identity is excluded from large scale surveys such as the Census and other governmental surveys. In consequence, we do not have a baseline understanding of the population size, demographics and needs.

Main messages about transgender older people, dignity and access to and experiences of social care

- Whilst many of the social care needs of older trans people will be the same as for other older people in Wales, they may have particular issues/experiences and require specific needs.
- Several main messages emerged from the sources reviewed on older trans people and dignity in social care. These are based on knowledge types, such as empirical research, user / carer knowledge, practice guidance etc. Consideration must be given to some of the methodological challenges that may have underpinned them.
- Many of the findings relate to lesbian, gay, bisexual and trans older people as a group.

Health related issues facing trans older people

- Mental health is a common focus for research on LGBT people, particularly in relation to enduring discrimination.
- Much of the research suggests that older lesbian, gay, bisexual and transgender (OLGBT) people are more likely to be smokers, substance abusers, heavy alcohol users, have weight problems and suffer from stress or other mental health problems.

- There is a prevalence of certain forms of cancer amongst this population.
- Some studies report greater life satisfaction among OLGBT people.

Fears about discrimination in later life

- An abundance of research chronicles stigma and discrimination facing LGBT people throughout the life course. This can affect emotional and physical wellbeing, quality of life through isolation and financial capital.
- OLGBT people have grown up during a period of time when legislation and psychiatry served to pathologise LGBT people as abnormal. They may have had first-hand experience of the medical and psychiatric dominance of support and treatment options.
- Whilst some commentators suggest LGBT people are more resilient as a result of enduring discrimination over the life course, others suggest they may fear discrimination in their access to social care services because of past experiences.
- Trans people are at risk of relationship and marriage breakdowns and losing relationships with children and extended families.
- Trans older people may have few family network supports and thus may be more reliant on more formal support services in later life.
- Trans people may sever ties and move to urban locations.
- Trans older people may feel excluded from both the heterosexual and lesbian, gay and bisexual 'communities'.

Fears around access to social and residential care

- OLGBT people have concerns about prejudice and discrimination from social care providers and 'fellow' residents within care homes.
- A lack of diversity training amongst staff, assumptions made in terms of heteronormativity. (Heteronormativity refers to the historical, social and culture beliefs, ideas and norms that construct heterosexuality as the 'normal way to be' (Bythewater and Jones, 2007). There was also a lack of confidence in care practitioners' cultural competence to meet the intimate care needs of trans people, help to fuel this concern.

Gender identity disclosure

- Fears around discrimination may prevent OLGBT people from disclosing their gender identity and modify their expression of their gender. Consequently the needs of OLGBT may go unmet.
- Organisations which ignore LGBT service users in any leaflets and literature contribute to OLGBT people's sense of invisibility within society.

Awareness raising and training for social carers

- A common theme emerging is the need for staff training and awareness-raising around issues of inclusion, sensitive practice and the experiences of trans people in later life e.g. in addressing individuals appropriately according to their gender identity and sexual orientation.

Summary of research recommendations

- More research needs to be conducted into the social care needs of older transgender people. In order to meet the needs of this group we urge funding bodies to give greater consideration to supporting research for transgendered older people;
- The ways in which the transgender population are identified and sampled in social research need careful consideration;
- Existing research tends to be limited in its inclusion of trans people within the sample and reporting of findings. There is a great need to encourage and support transgender people to participate in consultation exercises that relate to their needs and in research;
- Researchers would do well to consider the methods in which they 'reach' and engage older trans people. For example this could include working in collaboration with local trans directed and trans supportive organisations in research that is participatory, peer research etc. These strategies may bring about meaningful engagement in research and decision making at a local and national level, increased sample size and research capacity;
- Any survey and/or research about transgender people should adhere to the highest standards of internationally accepted research ethics, and they should lead the way in important topics of research and also be part of the research design;
- More needs to be done in establishing the size and prevalence of the trans population. Existing government and local surveys could usefully include additional questions on gender (and sexual orientation for that matter) and in weighing up the decision, should consider the benefits to planning of services, and policy to trans people.

- Messages from the existing body of evidence suggest several key areas of relevance and concern for older trans people in access to social care, as noted above. More in-depth research into these areas, particularly with consideration of the local and Welsh dimension would be particularly useful to develop.

1 INTRODUCTION

1.1 Background to the project

This research was undertaken by researchers at the Centre for Social Work and Social Care Research (CSW&SCR) at Swansea University, on behalf of the Older Lesbian, Gay, Bisexual and Transgender People's (OLGBT) Research and Development Group. The Research Development Group (RDG) membership includes representatives from the LGBT Excellence Centre, BiCymru, the Welsh Government, Transgender Wales, Age Cymru, the Older LGBT Network, supported by the research team. The RDG was established in 2010 with time-limited funding from the Older People and Ageing Research and Development Network (OPAN Cymru), with the aim of identifying and developing policy and practice relevant research of benefit to the OLGBT population of Wales. The RDG recognised the need to establish an evidence base in relation to social care provision for older people who identify as transgender (trans) and to review the literature, with a view to identifying areas of further research. The CSW&SCR team at Swansea University were commissioned to undertake a literature review by the Welsh Government, with funding from its Dignity in Care Programme. The Welsh Government is committed to assuring that all older people in Wales are treated with dignity, respect and privacy. The Dignity in Care Programme forms a key part of the Strategy for Older People in Wales (Welsh Assembly Government (2003) and the National Service Framework for Older People (WAG, 2006) that supports the existence of a system of care in Wales where there is zero tolerance of abuse of and disregard for older people.

Overall, the research will help inform social care policy and practice in Wales and define research questions that are important to transgender people who require social care in later life. The review contributes to the aims of producing equality, diversity, respect and social inclusion which underpin the Welsh Government's vision for the future of social care.

1.2 Definitions & demographics

As Diamond (2003) reminds us, the use and meanings of words are fluid and always in a state of change. This may create difficulty in keeping up with words and meanings which is confusing for people dealing with the terminology on a daily basis. A study undertaken recently for the Equality and Human Rights Commission (2010) for example confirmed there is significant confusion among public sector staff about the appropriate use of 'trans' terminology. Hence it may be even more abstract for those including lay people and the media who come across it infrequently. A brief explanation as to how the term evolved, its meaning to the present day and how it is used in this report may help overcome some of these difficulties.

The term 'transgender' was an ambiguous term used in the 1960s. The first documented use of the label can be traced to Virginia Prince, an American transgender activist, who during this time used the term to refer to a gender variant person who did not wish to undergo a physiological transition and it excluded the term 'transsexual' (Ekins and King 2004). Accordingly, 'a person's sex was their biology, while their gender was their public manifestation of their sexual identity' (Diamond 2003). The term was popularised in the 1970s (Kotula, 2002) and then used to include both terms 'transvestite and 'transsexual' (Ekins and King, 2004).

In the 1980s it was expanded into an umbrella term that was coined in the USA and used to include people whose lifestyles appeared to be at odds with the gender norms of society (Davidson 2007; Whittle *et al* 2007). Traditionally there has been a dichotomous gender paradigm in society that is being questioned. According to authors such as Burdge (2007), gender is an ubiquitous social construct that is oppressive for trans people whose sense of themselves as gendered people contrasts with the gender they were assigned at birth. This positions the transgender community as an 'at-risk population'. The author urges social workers in particular to challenge this dichotomy in society by empowering trans people through research and practice (ibid). The term took on more of a political dimension in the 1990s and was used to

question the authority of those norms (Boswell, 1991) or pursue equal rights and anti-discrimination legislation.

Mitchell and Howarth (2010) note that amongst contemporary policy and research literature the term 'transgender' is commonly used interchangeably with the term 'trans'. They note;

“...both [are] often used as umbrella terms for people whose gender identity and/or gender expression differs from their birth sex, including transsexual people (those who intend to undergo, are undergoing or have undergone a process of gender reassignment to live permanently in their acquired gender), transvestite/cross-dressing people (those who wear clothing traditionally associated with the other gender either occasionally or more regularly), androgyne/polygender people (those who have non-binary gender identities and do not identify as male or female), and others who define as gender variant.” (p.v).

1.2.1 Definitional use within the report

For the purpose of clarity, this research report, in accordance with the above definition, will use the umbrella term 'trans'. Furthermore, the term 'trans' should not imply any particular sexual orientation. Sexual orientation is a term used to describe the focus of a person's sexual attraction and desires (Bywater and Jones, 2007). Trans people may identify as heterosexual, bisexual, gay, lesbian, asexual or any other identity for that matter. Nevertheless, and although the subject of some debate, 'trans' people and trans issues are frequently co-located at the personal, cultural and structural levels of society with lesbian, gay, and bisexual people. (For example, in research, campaigning, policy and practice guidance, and within social spaces). For this reason, and where sources reviewed do not focus exclusively on trans people we use the abbreviation OLGBT to refer to older lesbian, gay, bisexual and trans people.

1.2.2 Population of Trans People

It is reputedly difficult to accurately estimate the trans population. According to the Equality and Human Rights Commission (2009) no official estimate of the trans

population has ever been made and this is compounded by the fact that neither major Government nor administrative surveys collect data on trans people (ibid). For example, the recent Census 2011 in England and Wales did not ask people if they identified as trans. Nevertheless, there are a few studies that have attempted to estimate the number of trans people in the UK. Johnson (2001), for example, estimated the numbers to be between approximately 65,000. The Gender Identity Research and Education Society (GIRES) however estimated there were around 300,000 trans people in the UK, a prevalence of 600 per 10,000 people (GIRES, 2009).

1.2.3 Governance and Legislation

The absence of an official population estimate makes it extremely difficult if not impossible to ascertain either the numbers of older trans people or what everyday life is like in later life for those who require help and support from social care services. No doubt older trans people will make up a proportion of social care service users, and policy and practice needs to be informed by research and personal testament of experiences of social care and older people's everyday existences. In recent years there have been some positive developments in equality and anti-discrimination legislation and social care governance, arguably albeit at a slower pace than other minority groups.

For example, the Care and Social Services Inspectorate Wales (CSSIW) regulates services, including residential and nursing homes, adult placement schemes, fostering and adoption services and domiciliary care services. The Commission for Social Care Inspection (CSCI) Equalities and Diversity Strategy (published in August 2006) specifically included sexual orientation and gender identity and includes proposals from the LGBT Workers Group.

1.2.4 Legislation

In the last two decades, there has been some legislation that has had a direct impact on the lives of trans people in terms of according them equality and rights:

- The Sex Discrimination (Gender Reassignment) Regulations (1999) (SDA), 1999 made it unlawful to discriminate against a person for the purpose of employment or vocational training on the grounds that that person intends to undergo, is undergoing, or has at some time in the past undergone gender reassignment. In particular, the Regulations give transsexual people the right to be protected from direct discrimination.
- The Gender Recognition Act (2004) gave legal recognition to a trans person's acquired gender, so for example, a male-to-female transsexual will be legally recognised as a woman in English law.
- The Equal Treatment Directive (Gender Directive) (2004/113/EC) and the Sex Discrimination (Amendment of Legislation) Regulations 2008 extended the principles of the Sex Discrimination Act 1975. Under the 1975 Act men and women were protected from discrimination and harassment on the grounds of gender in relation to employment, training, education, goods and services, public functions and in housing. The initiatives extended protection against direct discrimination and harassment to trans people.
- The Gender Equality Duty (2007) recognised the need for a new approach to equality. Public sector organisations are required to promote equal opportunities and take action to prevent discrimination and harassment on the grounds of gender, including gender reassignment.
- The Equality Act 2010 complements and streamlines discrimination law, and strengthens the law to support progress on equality. It strengthens and extends protection from discrimination to cover nine 'protected characteristics' (S.4); age, disability, gender reassignment, marriage and civil partnership status, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. Older trans people are protected from direct and indirect discrimination on a number of characteristics including age, gender reassignment and possibly marriage and

civil partnership status, depending on their relationship status. The Act also widens protection against harassment and extends protection to employees who have been harassed by third parties.

This legislation has the potential to provide protection to trans people against discrimination. It may help to improve their quality of life and also enable trans people to exercise choice and control in the provision of goods and services. Policy makers and service providers in Wales are under a duty to comply with the legislation.

1.3 Aims and Objectives

The main aim of the research was to conduct a desktop literature review *on gender identity, dignity, social care and older people* to ascertain the extent of research and knowledge types that has been conducted about trans people and social care at both national and international levels. By knowledge types, we refer to the work of Pawson *et al.* (2003) who concluded that when conducting a systematic review in social care the following five sources of knowledge should be used:

- organisations
- practitioners
- the policy community, that is, knowledge gained from the wider policy context
- research, gathered systematically with a planned design
- service users and carers.

1.4 Main areas of inquiry

A number of key areas were identified by the OLGBT Research and Development Group:

- The issues facing older trans people in later life;
- Trans older people's experiences of access to and use of social care services;

- Community and home based services as well as residential care services;
- Trans older people as carers;
- Equality, dignity and discrimination in access to care services;

2 METHODOLOGY

This study involved reviews of published and 'grey' literature and also web-based searches to identify and classify evidence about the extent of research concerning issues in relation to trans dignity and social care.

2.1 Knowledge types

We know from other research reviews that there is a dearth of empirical research on trans people and access to social care (See Davies *et al.* 2006; Mitchell and Howarth 2009). Hence, the sources we review derived from what Pawson *et al.* (2003) in their classification of knowledge types, identify as organisational, practitioner, policy, researcher, and user and carer knowledge. These were published in the medium of peer reviewed articles, policy papers, bulletins, agency research reports and practice guidance and are based on empirical research, first-hand experience, practical nous, and familiarity with the craft skills of social care and policy expertise relating to trans older people.

Such sources are not typical for literature review tasks. However, the purpose of our review was to explore the terrain, to map the extent and types of evidence that specifically address dignity in social care for older trans people, to identify key messages deriving from these sources and to recommend further areas of research development in Wales.

Our review also differs from the more traditional review in that we place no hierarchy on the types of evidence provided for review. Notwithstanding, such an approach would be limited within social care, in which Random Control Trials, whilst considered the more desirable form of evidence type, are less commonly used; and secondly, given the lack of empirical research we aim to provide an overview of available knowledge as a starting point from which to guide further development. Pawson *et al.* (2003) reinforce this standpoint, in stating that the purpose of knowledge classification:

“...should not privilege the viewpoints of any particular stakeholder, or of any one strategy for generating knowledge. But neither should it assume that all standpoints are of equal merit on all occasions, on all issues and for all purposes. The classification’s first task is to help direct users to appropriate knowledge to support each different social care function and information need. “(p. 14)

2.2 Literature Review

The review of academic and ‘grey’ literature shared many of the features of ‘systematic reviews’ conducted by the Cochrane and Campbell collaborations and others, but was not confined to those approaches. That is, it was systematic in that it addressed a set of clear research questions, was based on a logical search strategy and made explicit its methods for identifying and selecting relevant research in terms of quality and relevance. However, unlike many systematic reviews it had a broad focus, utilising and comparing evidence from all classifications of evidence, rather than confining itself to trials data (which exist rarely in the social care field and particularly in the area of LGBT research).

2.3 Data sources

The search strategy drew upon a range of national and international databases, including the most commonly used literature search engines for peer-reviewed academic papers relating to social care, as well as several other electronic data sources that include listings of books and other unpublished works.

ASSIA and IBSS (International Bibliography of the Social Sciences) are part of the CSA Social Sciences Package. ASSIA is a database that contains abstracts of articles in approximately 500 periodicals in the applied social sciences. The content is geared to

the needs of practitioners in the 'caring professions' and covers topics as diverse as social policy, sociology, welfare, health care, gender issues and psychology. The articles covered relate to British society and also international coverage. IBSS is a bibliographic database for social science and interdisciplinary research. It includes over 2.5 million bibliographic references to articles, books, reviews and selected chapters from books.

PsycINFO is an American Psychological Association database containing abstracts of journal articles, books, book chapters, technical reports and dissertations/theses in psychology and related disciplines, such as medicine, psychiatry, nursing, sociology, education that covers. The Health Management Information Consortium HMIC contains details of articles and books in health management, social care, social policy and community care.

The Web of Science (WOS) was accessed through the Web of Knowledge portal of an ISI Citation database. Each article includes a cited reference list or bibliography so it was possible to search the databases for articles which cited a known author in the research area or work.

EBSCOHOST CINAHL is a comprehensive source of full text for nursing & allied health journals, providing full text for more than 600 journals indexed in CINAHL and provides full text coverage from 1981.

Searches of Social Care Online maximised the potential for identifying relevant studies from the social care field, and web-site meta-search engine Google Scholar ensured coverage of internet publications. We also visited trans and ageing organisations' websites in search of relevant publications. This comprehensive approach ensured that the potential for publication bias was minimised

2.4 Search strategy

The OLGBT Research Development Group was able to offer suggestions of the search terms to be used. As we wanted to employ all terms identified by the group, the search strategy was conducted in several phases.

The main search terms included in Phase one were as follows.

- 'transgender' OR 'transvestite' OR 'transsexual' OR 'gender identity dysphoria' OR 'gender identity' OR 'gender fluidity' OR 'gender transition*' OR 'transqueer' OR 'gender reassignment.'

The second phase.

- 'Social work' OR 'social care' OR 'social services'.

To ensure the literature related only to the social care workforce the 'NOT' operator was used.

- 'NOT' health.

The third phase.

- Older people, 'OR' elderly people, 'OR' retirement OR Ageing OR later life.

To produce the results of all the searches, the 'COMBINED' with 'AND' operators were employed. Wherever possible searches were limited to studies published in the English language; although we were aware that focusing on English language publications may introduce bias.

In all searches the use of wildcards (\$, * etc. used above) ensured the inclusion of all related terms. Where possible, duplicates were removed at this stage. In our experience, this approach targets the most relevant publications and allows one to eliminate large numbers of irrelevant documents that tend to be identified in initial searches, which inevitably makes the literature search and review process more manageable. Nevertheless, the number of 'hits' generated by each search engine, at

each stage of the process, was documented. The content of these searches were explored randomly to ensure that pertinent publications were not missed.

Searches of some databases such as Social Care Online and others differed necessarily because it was not possible to combine or place the same restraints on searches.

Finally, 'snowball' searches of references included in publications identified by the electronic searches helped to facilitate comprehensive retrieval.

2.5 Inclusion criteria

Following sifts of titles, and abstracts and the omission of duplicates, a total of 32 sources were considered as potentially relevant to the review,

Publications were then classified as:

- A. Directly relevant if they met the criteria = focus on older people, social care provision and gender identity outlined above
- B. Conceptually relevant if they did not meet precisely the criteria, but were related to the social work/social care workforce generally or to trans identity generally; OR
- C. Not relevant if they applied to different concepts or service areas.

Publications that seemed directly relevant, or those for which it was impossible to determine direct relevance, were retrieved. Finally, documents were examined to reaffirm their relevance, and we excluded 21 on the grounds that they:

- did not include older people in the sample or findings;
- did not include trans people (even though title suggests);
- claimed to be health and social care but actually contained no social care coverage;
- was a theoretical piece not specific to older people or social care.

We excluded text books or reviews of text books addressing research or social care with trans older people on the grounds we did not have sufficient time or scope to undertake the task of reviewing them.

The final sorting produced a total of 11 papers, research reports, good practice guidance suitable for inclusion in review. This process of identifying, classifying and selecting relevant publications was performed by two researchers individually and cross checked. We also discussed the initial findings with a member of TRANSWales (a user-led trans organisation) so that all decisions were shared by two or more individuals and to clarify if there were any key grey documents omitted from our search.

Table 1. Sources selected for review, by knowledge type.

Evidence type	Number
Peer reviewed article	3
Service User/ Carer report	1
Agency based research	5
Practice guidance	2

3. FINDINGS / MAIN MESSAGES – WHAT CAN WE LEARN FROM PREVIOUS RESEARCH AND CONSULTATIONS?

In the following pages, we identify the main messages stemming from the sources reviewed. Additionally, given the number of sources reviewed, we feel it may be useful to provide a summary of each source. This includes our review of the source's main aim, along with any methodological detail, details of the main findings, and recommendations of each report. We also provide a critique of any limitations. This is important to note, because it may have an influence on the robustness of findings presented. It will also enable us to identify any common issues that can be recommended for future research.

3.1 Extent of research and guidance

Having undertaken a thorough search for sources that relate specifically to older trans people, and social care, it is evident that there is a dearth of focus on this topic either in the UK or internationally. Though we note, there is an emergence of UK practice guidance (for example Fish (2007), Ross and Carr (2010)).

Of the current empirical literature available we identified a number of methodological challenges.

- Extremely limited research in the area of dignified social care for LGBT people *per se* and even less so for *older* people and trans people;
- Much of the research that makes claim to being LGBT in its coverage pays limited attention to trans specific issues or tends to homogenise all 'groups' together, when in fact there are distinct characteristics and significantly different issues facing L, G, B and T people;

- Existing research tends to use small samples of trans people; and some research claiming to be LGBT inclusive has neglected to ensure trans people are included in the sample, to the extent they are marginal or completely absent from the sample.
- There are issues of invisibility that impact on sample size and representativeness. Hence, samples of trans people tend to be self-selecting, with a reliance on snowball sampling and may not encompass a diverse sample across ethnicity, sexuality, gender identity, age, disability, social status etc;
- Some researchers appear to have limited understanding of differences between sexual orientation and gender diversity, for example referring to trans people as homosexual or referring to trans people's sexual orientation (Jackson *et al* 2005, 2008);
- Existing social care practice guidance derives from a number of knowledge types and is varied in its quality and reliance on particular evidence. For example, a limited amount of practice guidance is based on empirical research. As noted above, much of the research available is hampered by marginal samples of trans people, co-location of T with LGB and so on.). Other guidance may be based on policy, practice wisdom and service user experience and may serve a useful purpose however would benefit from more robust evidence about older trans people.
- Health and social care guidance tends to be 'clumped together', as does good practice with OLGBT people, wherein attention to social care and older trans people is marginal.

3.2 Main messages about dignity in social care with older trans people

Many of the social care needs of older trans people are likely to be the same as for other older people in Wales, however older trans people may face particular issues and experiences and have specific additional needs. Amongst the sources reviewed there were several main messages on older trans people, and dignity in social care that emerged. We remind the reader that these are based on a range of knowledge types, such as empirical research, user/carer knowledge, practice guidance etc. and it is important to balance these findings with consideration of some of the methodological challenges that may have underpinned them. Additionally, many of the findings relate to lesbian, gay, bisexual and trans older people as a group.

3.2.1 *Health related issues facing trans older people*

Although it was not the intention to focus on health needs within this review, it is worthwhile outlining in brief common health related issues linked to trans people, as health and wellbeing are inextricably linked to social and emotional contexts. Mental health is a common focus for research on LGBT people, particularly in relation to enduring discrimination and much of the research suggests that OLGBT people are more likely to be smokers, substance abusers, heavy alcohol users, have weight issues, suffer from stress or other mental health problems and there is a prevalence of certain forms of cancer amongst this population. Davies et al. (2006) remind us however that some studies report greater life satisfaction among OLGBT people.

3.2.2 *Fears of discrimination in later life*

There is an abundance of research chronicling stigma and discrimination facing LGBT people throughout the life course. The effects of this on emotional and physical wellbeing, and in relation to quality of life, such as through isolation, financial capital, etc. are well documented (Lombardi et al. 2001). Additionally, OLGBT people may have a particular experience of this discrimination, having grown up during a period of time when legislation and psychiatry served to pathologise GLBT people as abnormal. For

trans people it is only since the beginning of this Millennium that legislation has begun to provide recognition and equality for trans people and trans people may have first-hand experience of the medical and psychiatric dominance of support and treatment options. Some commentators are of the view that GLBT people are more resilient as a result of enduring discrimination over the life course (Butler 2004). However that said, OLGBT people may fear discrimination in their access to social care services because of past experiences.

3.2.3 Isolation

Johnson (2001) notes that trans people are at risk of relationship and marriage breakdowns, as well as losing relationships with children and extended families. Additionally trans people may sever ties and move to larger cities. Trans older people may have few family network supports and are thus reliant on more formal support services in later life. Older trans people may also feel excluded from both the 'heterosexual' and lesbian, gay and bisexual 'communities', be this within their neighbourhoods and social spaces or within residential care. Preston and Ribble (2006) suggest that some OGLBT people perceived that the provision of specific LGBT care facilities would benefit them personally.

3.2.4 Fears around access to social and residential care

OLGBT people have concerns about prejudice and discrimination from social care providers and 'fellow' residents within care homes. The impact of a lack of diversity training amongst staff, assumptions made in terms of heteronormativity amongst care professionals, and a lack of confidence in care practitioners' cultural competence to meet the intimate care needs of trans people, help to fuel this concern. Trans people may also experience blatant discrimination from social care staff and residents, who may lack the understanding or have differing beliefs and values (LINK 2010).

3.2.5 Gender identity disclosure

Fears around discrimination may mean that older trans people do not disclose their gender identity and modify their expression of their gender. The problem of self

identification due to possible discrimination and breaches of confidentiality may mean that the needs of OLGBT go unmet (Age Concern 2010). Preston & Ribble (2006) found the most important signs for older trans people were that the organisation would need to have a clear and unambiguous statement of non-discriminatory practice. Organisations which did not reflect their LGBT service users in any of their leaflets and literature contributed to OLGBT people's sense of invisibility within society.

3.2.6 Awareness raising and training

Amongst the literature a common theme emerging is that of the need for training and awareness raising around inclusion, sensitive practice and general awareness raising about transgender issues and the experiences of trans people in later life. Older trans people in their access to social care, may be concerned about the extent of understanding of care providers in meeting their needs such as in addressing individuals' appropriately according to their gender identity. For those who may be less dependent there may be reliance upon formal care service to undertake personal care, including bathing, dressing etc. and this would require cultural competence in meeting older trans people's personal needs and wishes with dignity (Johnston 2001). Preston and Ribble (2006) found that services tend to know less about trans people than LGB people.

3.3 Knowledge types reviewed

The following section provides a summary of each source reviewed and where relevant includes details of the aim of the study, methodology employed, sample details, main findings, limitations of the study and recommendations.

3.3.1 Peer reviewed articles

- (a) **Jackson, N. C., Johnson, M.J. and Roberts, R. (2008)**
"The potential impact of discrimination fears of older gays, lesbians, bisexuals and trans individuals living in small- to moderate-sized cities on long-term health care." *Journal of Homosexuality*, 54(3): 325-339.

Aim of study

This peer reviewed article reports on the results of a USA based 'preliminary study' (p.326) comparing heterosexual and GLBT respondents' perceptions of potential discrimination in long term health care settings (including retirement facilities).

Methodology

The study employs a survey and utilises a mainly quantitative questionnaire consisting of 9 demographic questions and 10 questions "about long term care facilities choices, perceptions of discrimination in retirement facilities, and sources of suspected discrimination and remedies to address discrimination" (p.330).

Sample details

The study is based on a sample of 317 respondents who were recruited from undergraduate courses and from community based GLBT organisations and events. This, the authors acknowledge influenced the age range, income and education level variables. Respondents were aged from 15 to 90 years, with a mean age of 41.13 for GLBT respondents and 32.99 for heterosexual respondents. The authors also acknowledge that the sample did not represent ethnic diversity, with 90% of respondents identifying as white and the remainder identifying as Hispanic. The study authors do not unfortunately expand on the impact of the differentiation in ratio of respondents based on sexual and gender identity. The sample was made up of 58 gay males, 61 lesbians, 9 bisexual persons, 49 heterosexual males and 138 heterosexual females and 2 trans persons. The distinct lack of attention paid specifically to trans respondents in the report's findings suggests that higher numbers of trans respondents may have yielded more rigorous and diverse results.

Main findings of the study

These limitations aside, the article does go some way to raise awareness of perceptions and fear of discrimination towards older GLBT people in their access to health and social care and future retirement. The study suggests most respondents suspected that staff and residents in care facilities discriminate against GLBT people and believed that they would have to hide their sexual orientation (gender identity is not acknowledged here) if admitted to a care environment. GLBT respondents were more likely than heterosexual respondents to believe that GLBT people do not have equal access to health and social care services, are victims of discrimination in care environments, and that GLBT sensitivity training programs would benefit staff and residents of care environments and that GLBT friendly retirement facilities would be a positive development for older LGBT people.

Limitations of the study

As it stands findings are based on a sample of only two trans respondents and the article groups together sexual and gender minorities (GLBT), comparing them with heterosexual respondents. Throughout the article, the authors appear to marginalise trans identity. This is particularly notable within the introduction and choice of literature, focussing heavily on sexual orientation. Elsewhere, trans identity is sometimes inadvertently linked with sexual orientation, as for example where the authors suggest “unfortunately, for those GLBTs who fear the impact of discrimination, these types of interactions can only occur if homosexuals are out of the closet”(p 336)

Recommendation for further research

The authors advocate that having established that GLBT people fear discrimination; in particular in their access to health care, the next step should be to examine how perceptions of discrimination may impact on health seeking behaviour. This they relate again to disclosing one's sexuality. In the spirit of this review we would advocate also examining gender identity disclosure. The authors pragmatically argue that their study can serve as a basis for further investigation into the design and content of diversity/sensitivity training. However, with only two respondents from the trans

community and a heavy focus on sexual orientation, we would suggest further work should focus on gaining more precise views from the trans community regarding their perceptions of gender discrimination in old age.

- (b) Perrson, D. (2009). 'Unique Challenges of Transgender Aging: Implications from the literature', in *Journal of Gerontological Social Work*, 52, (6), 633-646.**

Aim of the article

Based on a literature review, discusses terminology of trans and highlights the issues faced by trans older people.

Methods/limitations

The author states the article is based on a literature review but neglects to provide any methodological detail such as whether the literature presented was based on a systematic review, nor is there any analysis of the quality of literature presented in the article.

Main messages

There is some attention paid to older transgender people in their access to social care. That is, the authors note, as others have done, that the literature on transgender ageing is scant. Of particular relevance to access to social care, the authors argue that most care-giving is provided by biological children, and because transgender people are less likely to have supportive children, or to live alone in old age, the issue of who will care is a major concern for ageing transgender person.

Recommendations

There are a number of recommendations put forward that aim to address the 'unique challenges' of transgender ageing. Of relevance to social care is the need for professionals to be trained and made aware of the challenges facing transgender older people, and to provide services that are sensitive to the needs of transgender older

people. The authors suggest research that explores the role and impact of family and social networks needs to be included in a transgender research agenda.

- (c) **Smith et al. (2010). 'Assessing the needs of Older Gay, Lesbian, bisexual and Transgender People: A Service Learning and Agency Partnership Approach', *Journal of Gerontological Social Work*, 53, (5), 387- 401**

Aim of the study

The study had two purposes. It sought to provide practical research on experiential learning for a social work class in relation to OLGBT people, and secondly, it sought to provide an assessment of needs of OLGBT people in access to service provision in a particular area of the USA.

Methods

Residents in the county over the age of 60 and who identified as lesbian, gay, bisexual or transgendered were surveyed. The researchers utilised non-probability purposive and sampling techniques as their strategy to include respondents fitting the above criteria. That is, they targeted OLGBT specific services and networks as well as general services and sites that older people may access. The questionnaire was predominantly quantitative with some qualitative open ended questions relating to unmet need, perceptions of LGBT-friendliness of existing services and social support and health. The authors note that no pre-existing validated measures existed and that indicators were developed with regard to the literature. The questionnaire was available as self-completion via the internet or post, as well as face to face interview at LGBT organisations or telephone completion. Or interestingly, the internet based option proved most successful accounting for half of all responses.

Sample

In total 38 valid questionnaires were returned from respondents and just over half were men (55%). From the article the ratio of trans respondents is not explicitly clear. For example the authors only report on sexual orientation and claimed that 57.9% identified their sexual orientation as 'gay man'. Others identified as 'lesbian' (28.9%) and five identified as 'bisexual' or 'other'. However, closer inspection of the demographics table provided indicates that in respect of gender one respondent identified as 'intersex'.

Findings

OLGBT respondents suggest that loneliness and loss, needing nursing home or assisted living were major concerns, and also fearing discrimination and violence. Some respondents saw value in GLBT specific provision but more respondents suggested the improvement of existing services would be more beneficial.

Limitations of the study

The most prominent limitation identified is the under-representation of transgender respondents in the survey. However the authors recognise that resources and time constraints impacted upon the diversity and extent of the sample.

Recommendations

Training around inclusivity was considered imperative if services were to be sensitive to the needs of OLGBT people and to diminish discriminatory practices. In particular, the historical impact of discrimination was highlighted as a factor that may inhibit OLGBT people from 'coming out'.

There appear to be some valuable aspects of the methodology that could be replicated for a wider study. Additionally, the study not only identified needs and perceptions of OLGBT people, it also provided a learning opportunity for social work students to undertake research which they could then integrate into practice.

3.3.2 *Agency Based Research*

- (a) **Commission for Social Care Inspection (CSCI) (2008).
Putting People first: Equality and Diversity Matters 1: Providing appropriate services for lesbian, gay and bisexual and transgender people.
Issue 7. March 2008. CSCI. London**

Aims

This bulletin was provided by the Commission for Social Care Inspection (now defunct) to help service providers address the personalization agenda in social care. The bulletin particularly focuses on lesbian, gay and bisexual and trans people using services

Methods

The bulletin was developed by using several sources of information including:

- examining the National Minimum Standards(NMS) for care services to look at the key issues relating to equality and diversity
- a survey of 92 people who have used social care services or have considered using services.
- the CSCI conference held in Manchester in 2007 'Coming out with the Goods: Care services for LGBT people.
- a representative sample of 400 Annual Quality Assurance Assessment forms completed by managers of care home agencies and care homes that report work carried out to make services accessible and appropriate to a diverse range of people.
- speaking with groups of people using services
- discussions with service providers.

Key points made in the bulletin

Lesbian, gay, bisexual and transgender people want:

- to feel safe and be free from discrimination whether from people providing services, other people using services or from the wider community; and that they have choice in the way that this is handled;

- to be valued for who they are so that services provide the right environment and they have opportunities to 'come out' when they choose and receive a positive response from staff;
- support to live the lives that they choose, so that services enable people to have choice about their social life, leisure activities and relationships including support to have contact with other LGBT people:
- to live a variety of lifestyles so that services recognise that not all LGB people are the same and understand the aspirations and needs of each individual, ensuring they have choice and control over the support they use.

Limitations

The bulletin is a resource that was produced to support service providers to ensure that services are personalised so they meet the needs of a diverse range of people. It highlights an understanding of the key issues for diverse groups of people using services. There is a specific section on meeting the needs of transgender people. However, the methods used were based on a survey of 92 LGB people who used social care and speaking with groups of people using services. No numbers of those identifying as trans were provided.

- (b) Riley, M. (2006). Preston & South Ribble. A Welcome on the Mat? Making Services Accessible to Older Lesbian, Gay, Bisexual and Transgender People. Age Concern. Preston, Lancashire.**

Aim

This is a 102 page report published by Age Concern that details research carried out to examine whether local services in the North West of England were fully inclusive and appropriate to the needs of OLGBT people, or whether there were barriers to people accessing the things that they needed to help them to age well.

Methodological detail

A mixture of qualitative interviews and quantitative questionnaires were used as methods in the study which targeted service providers and service users. Ten organisations took part and whilst some interviews were obtained from representatives to ascertain policies and procedures, the main method used was by questionnaire. Service users were also interviewed and asked to complete a questionnaire consisting of nine questions asking about their care needs, their social and family networks and their experiences and expectations of Care and Support services.

Service user interviewees were eventually recruited either by word of mouth, from contact with practitioners working with groups of LGBT people, via colleagues at Age Concern, through participating organisations, through advisors to the project or through the researcher attending LGB group meetings and appealing for participants which led to a 'snowball effect.'

Sample details

As noted above, 10 service providers took part in the study. Additionally 12 service users were identified. On the participants' self definition of their status/sexual orientation, seven identified as lesbian, three as gay men, one as 'other - cross dresser' who had undergone surgical gender reassignment and one preferred 'not to label'. The oldest participant in the study was sixty-eight and the youngest was forty-five, and participants identified as white. Eleven of the participants had been married at some stage and nine participants had children. Most of them who had families living locally saw them regularly. Six participants were in long-term relationships and six were not. Two participants lived in sheltered accommodation; the rest lived in their own homes.

Main findings from the service user interviews and questionnaire

Participants were asked about a number of issues relating to accessing services.

Findings mostly related to health care, for example:

- All participants had visited their GP within the last twelve months;
- Six participants had received treatment at hospital as an outpatient and four as an in-patient;
- One was making use of a community psychiatric service;
- One was being visited by a district nurse;
- The health service was the most consistently used by participants.

In terms of social care, none of the participants accessed any domiciliary services. Four participants had used services offering information and advice in the last twelve months, some of these had contacted multiple organisations.

All participants agreed that they would find literature that specifically made reference to LGBT people helpful. Organisations which did not reflect their LGBT service users in any of their leaflets and literature contributed to their sense of invisibility within society.

In terms of residential care, it was thought that having specific lesbian or gay care homes would benefit them personally. Whilst none of the interviewees lived in care homes, two did live in sheltered accommodation. Both participants expressed anxiety about other residents finding out about their sexual orientation or gender identity. One participant was not confident that care staff would be able to respond adequately to trans people and provide them with intimate levels of personal care in a way that was sensitive and appropriate.

Overall, project participants recognised that LGBT people had a number of issues that might affect their quality of life, and many felt that these issues were not being fully addressed by service providers.

Main findings of organisational questionnaires

Organisations were asked a variety of questions to ascertain levels of knowledge, providing advice and support, levels of knowledge of referral organisations and also access to training.

- 47% of respondents reported to have very good or fairly good knowledge about LGB issues whilst only 19% about trans issues;
- 12% of respondents reported that they would feel 'very confident' in advising or supporting an older LGB service user, (although only 9% of respondents reported that their level of knowledge about LGB issues was 'very good') and only 5% for trans issues;
- 2% of respondents reported that their knowledge of referral organisations for LGB issues was 'very good' and 1% for trans issues;
- 5% of respondents reported having training in LGB or trans issues;
- 25% said that they would not find training helpful,
- 43% didn't know whether they would find training helpful or not;
- 32% said they would find training helpful.

In terms of rating the organisations' provision for older LGB service users,

- 7% reported it to be very good and 5% for trans service users;
- 51% of the respondents did not know whether their organisation referred to LGB issues specifically in its equal opportunities policies and 57% for trans issues; 4% of respondents reported that their organisation had the Navajo Charter mark (awarded to private, public and third sector organisations that take positive steps to promote LGB&T equality within their organisation and service provision).

The author concluded that the questionnaire responses illustrated that LGBT service users were still largely invisible, and that many people from service provider organisations no matter how well intentioned, appeared to believe they should remain that way.

Limitations of the study

In general, the study was based around a very small number of service users who were white and of the younger age group. It again reveals the difficulties of obtaining LGBT people of an older age and of different ethnic backgrounds who would be able to provide such useful information. Nonetheless the Report does reveal the accessibility of services and the extent of existing services to provide appropriate services for the needs of LGBT individuals.

(c) Johnson, S. (2001). *The Community Prison. Residential and Community Care of Transgender People*. London: The Beaumont Society.

Aim of Study

This report is produced by a trans organisation that has been operating since 1966 and has been noted by Hines (2007) as being the most comprehensive study on the care of trans people in the UK. The report provides an overview of the general issues for trans people in access to social care, both community and residential, as well as coverage of health needs.

Methodology and limitations

We have included this report as a research study, because the report makes mention of having “contacted over 150 agencies who specialise in health and social care”, which are categorised based on field of social care and include older people. However the report does not provide any methodological detail of how contact with such agencies served to influence the author’s findings or recommendations for social care.

Main social care messages

Trans people are at risk of relationship and marriage breakdowns, as well as losing relationships with children and extended families so may become more reliant on formal care services in later life. Equally important is the need for trans older people to be able to maintain existing friendships and support networks.

In accessing residential care older trans people may experience overt prejudice from care providers as well as fellow residents. Equally a lack of understanding of trans people's needs can impact on the individual's quality of life and the appropriateness of support provided. Johnson highlights reminiscence therapy as an example of potentially provoking unwanted memories of enduring discrimination and stigmatisation. It is important for care providers to view trans people as heterogeneous and to also consider their strengths and resources.

Recommendations

The report provides 30 recommendations for residential care providers. These relate to staff training, trans sensitive care, dignity and respect within living spaces and support provided, integration of a trans dimension in residential care policy and practice and accountability mechanisms, for social care inspection teams to be suitably aware of trans people's needs, and, for residential care providers to make and sustain links with trans organisations.

(d) Cronin, A and King, A. (2009). *Older LGBT Matters: The experiences of older lesbian, gay, bisexual and transgender adults in Tower Hamlets*. Tower Hamlets Council: London

Aim of the study

The purpose of the study was to provide information to the London Borough of Tower Hamlets to help them gain a deeper understanding of the experiences and needs of older LGBT adults living, working or socialising in the area.

These experiences were to be used to explore any perceived barriers to accessing formal health and social care, to consider the engagement in health and social care services and to examine the attitudes, understandings and the support offered by service providers towards this group of people.

Methodology

The methodology used for the study was qualitative with two methods of data collection. First, a focus group meeting was held with four gay men aged between 52-73 lasting ninety minutes. Secondly, twelve in-depth interviews were conducted that ranged from 60 – 90 minutes each. All data was transcribed and analysed using NVivo 8 qualitative data analysis software.

The research proposal received approval from a Research Ethics Committee. Information sheets, consent forms, issues relating to confidentiality and anonymity, and contact details were issued, signed and discussed with the participants prior to the commencement of the study.

Report recommendations

Based on the findings, the study presented a list of recommendations firstly about raising awareness of LGBT people and secondly providing practical guidance to both statutory and voluntary service providers working in Tower Hamlets. The authors particularly recommended that mandatory training for all staff who have contact with older people should be regularly undertaken to help develop gay-friendly practice.

Limitations of the study

Although the study was comprehensive and set out to explore the experiences of older LGBT people that would provide an invaluable source of information, the authors themselves reported that due to time constraints and the hidden nature of the population under study, it was not possible to make contact with trans adults. The report therefore focused on the experiences of LGB older adults and given that the experiences of this group are likely to differ, it is impossible to apply the findings of the study to trans people. Whilst the authors attempted to include trans where they thought appropriate in the study, it nevertheless remains a very great weakness.

- (e) Groves, B.E. (2010). Transgendered People: LINK member's investigation into the experiences of transgendered people in accessing health and social care services in North Tyneside.**

Aim of the study

The aim of the research was to identify the health and social care needs of the trans community and the research was conducted by a LINK member.

Methodology

The methodology used for data collection was a mixed method approach of qualitative and quantitative data. The research was conducted over a period of six months primarily in the capital of North Tyneside although there was 'some comparison examination at a national (UK) level.' (p 4).

There were four phases of data collection.

- Phase 1 involved structured interviews with trans people living in the Borough;
- Phase 2 involved structured interviews with health and social care professionals working within the capital;
- Phase 3- a web-based background survey was conducted with trans people;
- Phase 4 involved a focus group meeting of trans people.

Survey

The survey was conducted using a free web-based survey and sent to members of the trans community on a UK basis as well as to the Tyneside-Trans emailing list.

Seventeen questions were asked and apart from demographic information, respondents were mainly asked for information about accessing health and social care services in the preceding six months. Questions were asked about whether this was related to trans issues, their treatment by the staff, whether respondents had the information and the service that they needed. Respondents were also asked about the best and worst aspects of the service received, whether they were aware of a contact they could have made a complaint to if necessary and the outcome if they had complained. They were

then asked about their overall opinion of the health services in the Borough and their opinion as to what three things they would put right in the health or social care services. The last question was left open for comments or suggestions for improvements.

There were 41 responses to the survey from various parts of the UK apart from Northern Ireland and Wales. The areas with the highest response rates were from the North West of England, particularly the Manchester area, and the South of England, including London. Thirty nine percent (39%) were in the age group 40-55 and 49% identified as trans women.

Interviews and Focus Group

Interviews were held with eight trans people, six of which were recorded and transcribed following consent. Interviews were also held with five professionals from the health and social care services consisting of three general practitioners, one key worker, and a paid worker within a voluntary age-related organisation that had an LGBT connection. Two of these cases were transcribed and recorded following consent. In addition, a virtual focus group meeting was held with five participants, as a physical meeting that had originally been planned was postponed and then abandoned after difficulties in getting participants together.

Main Messages

Many of the survey findings relate to health care, in which all participants reported having consulted a health professional, 40% of whom had consulted more than seven times. 59% had consulted for trans-related issues. The other reasons were for services such as counselling and blood tests. The general response to the questions concerning courteousness, efficiency, rapport and use of language by the health professionals was good.

In response to suggested improvements that could be made by the NHS in its contact with trans people, there was almost a unanimous response on two issues: (a) waiting

lists for treatment were too long, putting stress on trans people; and (b) Gender Identity Clinics (GICs) were deemed to be underfunded and unable to deal with the demand.

The general response to the same questions concerning Social Services was poor. Almost all had contact at least three times in the previous year. The general pattern of approval for social service staff on courtesy, efficiency, rapport and language rates was poor. One recurring comment made was that training for staff on trans issues in the social services was urgently needed.

Results of interviews with trans people

Seven of the eight participants were under the age of 40; all had consulted with a health professional on numerous occasions in the preceding year for matters related to their trans identity. The author reported that the response to the health service rapport and support was 'reasonably good'. However, very long waiting lists and the 'hit and miss' nature of treatment was a recurring theme. Little was said in relation to the Social Services although there were a few comments that indicated a lack of confidence in local services to support trans people.

Results of interviews with the five professionals

In terms of health care, the GPs whilst enthusiastic admitted that training on issues relating to trans people was inadequate, and some resorted to looking on the internet for information. The GIC worker gave an account of the difficulties in meeting the needs of trans people as funding and resources were poor and waiting lists for treatment were long.

The voluntary support worker was enthusiastic about her work but lacked contacts within the community and also lacked adequate training that would help identify trans needs and issues.

Results of the focus group

A 'small' virtual focus group meeting online confirmed concern about issues such as waiting lists and lack of resources and funding. There was nothing mentioned about any issues relating to social care

Recommendations from the report

Four main recommendations were made following the research, three of which relate to social care:

- Systematic training around trans awareness with all health and social care staff;.
- Improving social care response especially with regard to offering service access that takes into account specific issues and needs of trans people;
- Regular consultation by a trans consultative group of representatives consisting of staff from social care services and trans people to feedback information to relevant departments of the local authority.

Limitations of the study

The research is again based on a small number of people; it does not give specific ages of the respondents and is not confined to social care. There was a problem with the online web survey as it could not be guaranteed that the respondents themselves were trans. However, the author suggested that there was no indication of 'web-vandalism.' The interviews with professionals mainly consisted of health care staff with only one paid worker with a voluntary age-related organisation that had a 'LGBT connection'. Nevertheless, the author did focus the sample on trans people only and the sample size, whilst including many people outside the borough under investigation, is larger than other studies which may have had a very small number of trans people included. As there is very little research conducted into the opinions of trans people with regard to the need for health and social care services, it does contribute to much needed research in this topic. In addition, whilst there appear to have been small numbers of participants involved in different phases of the research, coupled with some fieldwork difficulties, lessons can be learned from the methods used.

3.3.3 Service user knowledge

- (a) **Age Cymru (2009). *A report of the Older LGBT Network into the specific needs of older lesbian, gay, bisexual and transgender people*. Cardiff: Age Cymru**

Aim of the report

This Report is written on behalf of the Older LGBT Network in Wales, the aim of which was to identify the specific needs of OLGBT people.

Main messages from report

The report begins by highlighting the numbers of OLGBT people which is estimated to be around 50,000 over the age of 50 in Wales. It is argued that the problem of self identification due to possible discrimination may mean that the needs of Older LGBT people go unmet.

The report discusses the issues facing OLGBT people as users of care services. It explains the concerns felt about prejudice and treatment that people may encounter because of their sexual orientation or gender identity. Lack of diversity training amongst staff and the assumptions made in terms of heterosexual relationships amongst care professionals help to fuel this concern.

The report also discusses the health issues facing an OLGBT person which should be of great concern since it reports that research has shown they are more likely to be smokers, substance abusers, heavy alcohol users, have weight issues, and suffer from stress or other mental health problems. There is also a prevalence of certain forms of cancer amongst this population. Some of the concerns reported include the unsympathetic nature and homophobic tendencies of health professionals that may affect consultation and treatment as well as issues surrounding application for insurance and mortgages.

Limitations

Whilst the report it is not based on research, it provides an account of the specific needs of OLGBT people in Wales. It raises awareness of older people's experiences of multiple-discrimination as they encounter the effect of ageism as well as prejudice and discrimination relating to their sexual orientation and gender identity.

Recommendations of the report

The report makes recommendations for improvements in health, housing and social care service provision for OLGBT people living in Wales. A number of suggestions are made to help improve the situation including the prioritisation of person-centred care, new developments in accessing care to improve individual control of services, awareness training amongst care staff and the introduction of an advocacy service in Wales that should be regulated.

The report also highlights the need for research on a number of issues relating specifically to the OLGBT population of Wales including research into relationships with the family, benefit take up and pensions, also housing needs, and research to map the OLGBT population.

3.3.4 Good practice guidance

- (a) Reducing health inequalities for lesbian, gay, bisexual and trans people. Briefings for health and social care staff. Dr Julie Fish for the DH Sexual Orientation and Gender Identity Advisory Group. Department of Health September 2007.**

Aims

This Department of Health (DoH) document provides a series of thirteen briefing papers relating to LGBT people and is written as part of the DoH's Sexual Orientation and Gender Identity Advisory Group's (SOGIAG) work programme. This is a stakeholder group of individuals and organisations that assist the DoH in the development and

delivery of a programme of work to help promote equality and eliminate discrimination against LGBT people (both as service users and as employees) in health and social care.

The briefings cover the identification of health needs; communication and engagement; relevant policy and legislation; evidence and statistics and they also provide links and resources relating to the relevant group under discussion.

Briefing paper number 4 specifically relates to older people. It discusses the possibility of a greater need for health and social care services in later life compared with heterosexual people as evidence suggests that LGBT people are:

- two-and-a-half times as likely to live alone;
- twice as likely to be single;
- four-and-a-half times as likely to have no children for support.

One of the biggest concerns mentioned is the possibility of requiring residential care; however, there is no dedicated accommodation in the UK.

Briefing 11 specifically refers to trans people. It is divided into several sections and discusses issues such as social attitudes towards trans people, health needs, access to healthcare, standards of care, barriers to healthcare and communicating and engaging with trans people.

In general, these briefings reveal the diversity of LGBT people and dispel the assumptions that they form a homogeneous group. They provide easy-to-read guidance for health and social care frontline staff, commissioners and also service planners. They intend to inform the delivery of appropriate services and support health and social care professionals in their everyday work with LGBT people by providing them with essential awareness and evidence in relation to their needs.

- (b) **Department of Health. (2007). *An introduction to working with Transgender people. Information for health and social care staff.* Department of Health: London**

Aim

In addition to the briefings, the SOGIAG group has commissioned a number of other resources to assist health and social care services in providing appropriate, inclusive services. One of these resources is a leaflet entitled as above. This two page leaflet offers brief information to staff that is aimed at improving knowledge and awareness of trans issues including the meaning of 'trans' and discrimination. Information about the Sex Discrimination (Gender Reassignment) Regulations 1999 and the Gender Recognition Act 2004 is also provided. The leaflet is intended to support NHS staff to deliver a patient-led NHS service that is fair to everyone and recognises the needs of each individual. The aim of the leaflet is to ensure that trans people do not experience discrimination and prejudice in health and social care service delivery.

4 CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH.

This report set out to conduct a desktop literature review on gender identity, dignity, social care and older people to ascertain the extent of research and knowledge types that has been conducted about trans people and social care at both national and international. This involved reviews of published and 'grey' literature and also web-based searches to identify and classify evidence about the extent of research concerning issues in relation to trans dignity and social care. Pawson *et al's* (2003) classification of knowledge types helped us to organise the reviews into the relevant types we identified including peer reviewed articles, agency based research, service user/carer reports and practice guidance. Based on our review of the literature, we propose the following recommendations to help generate and improve both the quantity and the quality of research on gender identity, dignity, social care and older people.

- There is a dearth of research that has focussed specifically on the social care needs of older transgender people. In order to meet the needs of this group we recommend that research agendas focus on older transgender people's perceptions of, experiences of and aspirations for access to social care in later life; funding bodies must give greater consideration to supporting research for transgendered older people.
- The ways in which the transgender population are identified and sampled in social research needs careful consideration. Existing research tends to be limited in its inclusion of trans people within the sample and reporting of findings. For example trans people may be marginally represented amongst a wider LGBT sample or even absent but included within wider findings on older LGBT people. There is a great need to encourage and support transgender people to participate in consultation exercises and research that relate to their needs and

experiences. Researchers would do well to consider the methods in which they 'reach' and engage older trans people. For example these could include working in collaboration with local trans directed and trans supportive organisations and organisations such as Involving People, engaging transgender people in research that is participatory, peer research etc. These strategies may bring about meaningful engagement in research and decision making at a local and national level, increased sample size and research capacity.

- Any survey and/or research about, transgender people should adhere to the highest standards of internationally and national accepted research ethics;
- Within existing research on trans people's access to health and social care, there is a heavy emphasis upon health care, and social care tends to receive marginal attention. However, messages from the existing body of evidence, be it made up of research, practitioner, service user, policy and organisational knowledge, suggests several key areas of relevance and concern for older trans people in access to social care. These relate to isolation, social networks, fears around accessing social care and residential care, the impact of past and current experiences of discrimination, a need for training and awareness raising of trans specific needs and inclusivity of trans people, integration of a trans dimension in existing social care facilities' policy and practices and a need for accountability mechanisms that serve to protect trans older people and monitor the effectiveness of practices. More in-depth research into these areas, particularly with consideration of the local and Welsh dimension would be particularly useful to develop.
- It is also important to find accurate measures of the trans population at local and national levels. More needs to be done in establishing the size and prevalence of the transgender population. It may be possible within existing governmental and local services for data to be collected asking people additional questions about both their gender and sexual orientation for that matter.

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